

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 30-JUL-2015		TIME 03:10:00	2. ADDRESS OF OCCURRENCE 4842 S CALUMET AVE CHICAGO, IL 60615			3. LOCATION CODE 291	4. BEAT/OCCUR 0224																																																																																																																																						
5. POSITION 9161		16. LAST NAME KAPANKE	7. FIRST NAME STEVEN M	8. STAR NO. 17386	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 704	12. HT. 195	13. WT. 704																																																																																																																																				
14. DATE OF APPT. 14-AUG-2000		15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 353	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																							
20. LAST NAME CARROTHERS		21. FIRST NAME DARRELL	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 506	27. WT. 145																																																																																																																																					
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																																																																																						
33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized			36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																																																																																																																																							
						37. CB NO 19160462	IR NO	DNA																																																																																																																																					
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	40. ADDITIONAL INFORMATION OFFENDER'S WEAPON, .40 CAL SMITH & WESSON TWO TONE STAINLESS SEMI AUTOMATIC																																																																																																																																												
POSITION		STAR NO.	UNIT																																																																																																																																										
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		04 SEMI-AUTO PISTOL <input type="checkbox"/> <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR																																																																																																																																								
45. MAKE/MANUFACTURER GWINN FIREARMS -US- (BUSHMASTER)		46. MODEL XM15	47. BARREL LENGTH 14.5	48. CALIBER/GAUGE 223/5.56																																																																																																																																									
49. TASER DART ID NO L227089		50. WEAPON SERIAL NO. (Include Letters) L227089	51. CHICAGO GUN REG. NO. L227089	52. IL FIREARM OWNER ID. NO. [REDACTED]	53. HANDGUN CERTIFICATE NO. [REDACTED]																																																																																																																																								
54. SPECIAL WEAPON CERTIFICATE NO		55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED Department Issued	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 23																																																																																																																																								
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED 28	62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 03 OTHER (Specify) RIFLE																																																																																																																																									
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW SLUNG		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD TACTICAL	65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																																																																																																																																										
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																																																																																																																																										
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																																																																																																																																										
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.																																																																																																																																													
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																																																																																																																																													
71. REPORTING MEMBER (Print Name) KAPANKE, STEVEN M 30-JUL-2015 11:33:34						STAR/EMPLOYEE NO. 17386	SIGNATURE [REDACTED]																																																																																																																																						
72. REVIEWING SUPERVISOR (Print Name) LAMB JR, THOMAS R						STAR NO. 1925	SIGNATURE [REDACTED]	DATE REVIEWED 30-JUL-2015 11:36:37	TIME 11:36:37																																																																																																																																				

1521101916

HY361194

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-3.3-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject was shot multiple times and is presently being treated at the hospital. He cannot be interviewed at this time.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the discharges by Police Officer Steven Kapanke are within department guidelines concerning the use of deadly force in that Officer Kapanke fired his weapon at an assailant armed with a loaded handgun who was charging in his direction while pointing the handgun in his direction. Officer Kapanke stated he thought he would be shot and fired in his defense.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076425 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

TIME

30-JUL-2015 11:57:47

79. TOTAL TRR's THIS EVENT No.

3